

authors is not satisfying. From the large sum of figures available from many sources it is difficult to glean more than a small proportion that carry real weight. One looks in vain in the present volume for figures that are properly comparative, that is, dealing with cases divided as nearly as possible into two equivalent groups, observed under similar conditions, treated alike except that one of the groups receives tuberculin treatment, and followed up for a number of years while living as nearly as possible under similar conditions. Only two years have elapsed since the authors began to use albumose-free tuberculin.

Exception is to be taken to the authors' general statement that tuberculin treatment is indicated in the hands of the general practitioner, or may become so by the pursuit of proper courses of instruction, especially when such treatment by him follows an initial course of treatment of the patient in an institution. The average practitioner has yet much to learn about the available methods of diagnosis of tuberculosis, and of its treatment with non-specific methods more than can be acquired within a brief period of time, as many who have sought special instruction about tuberculosis are willing to acknowledge. But even with the proper equipment for treating with tuberculin, would the average practitioner possess the requisite amount of time to safely carry on the treatment?

C. M. M.

PRÉCIS DE CHIRURGIE DE GUERRE. By E. DELORME, Médecin Inspecteur Général de l'Armée, Membre de l'Académie de Médecine, Membre et ancien Président de la Société de Chirurgie, grand officier de la Légion d'Honneur. Pocket-size octavo with flexible binding. Pp. 218. Paris: Masson et C^{ie}.

THIS little book was written hurriedly by Delorme shortly after the outbreak of hostilities. It is based on various observations from recent wars. It consists of twenty-one short chapters in which are described weapons and projectiles, wounds of various tissues, and wounds of various regions, from the skull to the feet; while at the end of the book is a series of specimen charts for recording certain data. It is characterized by brevity and clearness.

Most of the book is a record of first, what tissues do to bullets, and second, what bullets do to tissues: one can find out what a bullet is liable to do to practically every portion of the body. The burning, practical questions of the military surgeon when confronted with a wounded soldier are: What has the bullet done, and what is the best thing for me to do? Working in the field hospital under strenuous conditions the surgeon must rely upon his knowledge of anatomy to find out what the bullet did, and upon his "horse sense"

and judgment to determine what is best for the patient. War surgery differs from civil surgery only in the field; from the base hospital rearward there is no difference. With few exceptions conservatism is the thing in the field; the important question to decide is, How far may the patient be transported with safety?

The statement of MacCormac that "A man wounded in the abdomen dies if operated upon; he lives if let alone," is forcibly supported in the following passage: "In the Transvaal, at Spion Kop, all the wounded, being in a mountainous country, and having necessarily to be transported over very rough ground, succumbed; at Jacobsthal a great many men who were not moved recovered. We have seen quite a series of wounded cured by expectation, the soldiers having been obliged to remain on the field of battle for several days without being able to move from one spot, with nothing to drink or eat."

But little is said about wounds from cold steel; nothing on the value of human blood serum in hemorrhage; while the work antedated, of course, the recent exhaustive observations of Fauntleroy on gas-bacillus infection, as well as the prophylaxis and curative treatment of poison-gas cases.

The book should be of great value if read by one about to enter upon medical military service, for it imparts a good, general working knowledge of military surgery.

P. G. S., Jr.

THE JOHNS HOPKINS HOSPITAL REPORTS (MONOGRAPHS, NEW SERIES, No. VII) VENOUS THROMBOSIS DURING MYOCARDIAL INSUFFICIENCY. By F. J. SLADEN, Resident Physician and M. C. WINTERNITZ, Associate Pathologist, The Johns Hopkins Hospital. Pp. 40; 2 figures; 1 colored plate. Baltimore: The Johns Hopkins Press, 1915.

THIS monograph is an admirable summary and discussion of cases of venous thrombosis occurring during myocardial insufficiency. To forty-eight abstracts of cases published in the literature are added seventeen unpublished cases, observed mostly in the Johns Hopkins Hospital. Several facts of interest are brought out: (1) Extensive venous thrombosis is commoner than has been believed hitherto; (2) is frequently difficult to diagnose; (3) should be suspected whenever the edema of myocardial insufficiency is asymmetrical; (4) occurs more often in females than in males, but at any age; (5) most commonly follows rheumatic mitral disease. It should be remembered, however, that myocardial degeneration was probably also present in most of the cases diagnosed primarily as valvular. As an "irregular pulse" is frequently mentioned in the abstracts, it would be interesting to know whether such types of cardiac